

Substitute for form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)		Application Number	To Be Assigned <u>10/821360</u>
		Filing Date	Herewith <u>4/9/04</u>
		First Named Inventor	Clyde H. Boyer
		Art Unit	Unknown <u>2636</u>
		Examiner Name	Unknown <u>LAM PHAM</u>
Sheet 1 of		Attorney Docket No.	BOYZ 2 00018-1

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	AS					
	AT					

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Examiner Signature	<u>Lampham</u>	Date Considered	<u>10/13/04</u>
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